

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

SERIAL NO.
091 576 187

FILING DATE
5-23-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.
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TOTAL	4					
TOTAL		16				
TOTAL		20				

	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.
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